Delbert Hosemann SECRETARY OF STATE

	SECRETARY OF STATE
Candidate	
REPORT OF RECEIPTS AND DISBURSEMENTS	
2012 Annual Report	ECEIVER
Name of Candidate John Moore	FEB 0 1 2013
Address PO Bex 20 Brancom MS.	
	Campaign Finance
Telephone 1001-946-3032 Fax 601-934-8031	Secretary of State
Office Sought Rep DIST 60 Email Rep July Moore & Gran	
	in
Check here if above is different from previous report	
TYPE OF REPORT	
January 31, 2013 Annual Report (January 1, 2012 through December 31, 2012)	Mandatory
Termination Report (Candidate will no longer accept contributions or make	Paguirad to tarminata
	Required to terminate Reporting obligations
IMPORTANT	
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In si	uch case, the candidate
shall submit a report indicating "0" (Zero) for total amount of reported contributions and expendi	• ,
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in according \$23-15-807 (b) (ii) and (iii).	ordance with Miss. Code
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the report	
falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:0 day before the deadline. Faxed reports are acceptable.	0 p.m. on the first working
day belove the deadline. Paxed reports are acceptable.	<u> </u>
REPORTED CONTRIBUTIONS AND DISBURSEMENT	
Itemized + Non-itemized = This Period	Calendar Year-To-Date
Total amount of contributions \$ 5250 +\$ 1150 \$ 7750 6400	\$ 7750 6400.
Total amount of disbursements \$ +\$ \$ 6/00	\$ 6100
Total amount of cash on hand \$ 3400,	
I certify that I have examined this report and to the best of my knowledge and belief it is true,	accurate, and complete.
Ich 1-1/10m /-31-1	= /3
Signature of Candidate Date	
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.	
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure	e to submit valid reports shall
result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).	
SEND TO: 1. Candidates for Statewide, State district, musti-county and all legislative offices should return form to Secretary of State, Election MS 39205 or fax to 801-578-2545. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clark.	ns Division, P. O. Box 136, Jackson,
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Name of Candidate o	or Committee	JoHn L.	Moore	
Reporting period	1-1-12	through	1/2.3/-/2	
	116	MIZED	RECE	P13

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name	911112	\$ 500
Centene Mynt Co. Mailing Address		\$
City, State, Zip Code	[[「 [「] [\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation X PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
MS Dental PAC	91/2	\$ 500
Mailing Address	「「「「	\$
City, State, Zip Code	匚,匚,匚	\$
Name of Employer (Required)	二二二	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	71/1/2	\$ 500.
EPA PAC Mailing Address		\$
City, State, Zip Code		\$
ONI, Carolina Para		-
Name of Employer (Required)	<u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Endi name	VO1 1/2	\$ 500
Anneuser Busch Mailing Address		. \$
City, State, Zip Code	匚汇汇	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ [
Couperation	\Ass.=10-nsta	

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Name of Candidate or Committ	ee JoHn L. M.	1001e
Reporting period /-/-/3		12-31-13
	TEMIZED	RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chevron PAC	11/2	\$ 500
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	11/2	\$ 250
Attrac Client Sequices Mailing Address	<u> </u>	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ass Gulf States Toyota	1/1/2	\$ 250.
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)	「「「「	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Leganing Through Sports	11/2	\$ 1000, 3
Mailing Address /		8
City, State, Zip Gode	口「口「口	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

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Name of Candidate o	or Committee	JoHn Me	ore	
Reporting period	1-1-13	through	12-31-13	_
	ITEN	MIZED	RECEIP'	TS

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A. Source:	Date (Mo., Day, Year)	Amount of each receipt this period
Full name United Health Care	121/1/2	\$ 500,-
Mailing Address	\Box , \Box , \Box	\$ [
City, State, Zip Code	F, F, F	s
Name of Employer (Required)		\$ [
Occupation (Required)	Aggregate	\$
	year-to-date	Y 1
B. Source: Corporation X PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Mailing Address	121 12	\$ 250.
maining Auditess		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$
	year-to-date	· •
C. Source Corporation X PAC Individual Loan	year-to-date	·
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name KOCK Industries	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name KOCK Industries Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.
Other (please specify) Full name KOCK Findustries Mailing Address City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.
Other (please specify) Full name KOCK FINCHSTIES Mailing Address City, State, Zip Code Name of Employer (Required)	Date (Mo., Day, Year) 721 1 72 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount of each receipt this period \$ 500.
Other (please specify) Full name KOCK Tricks Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 72/ / / / // / // / Aggregate year-to-date	Amount of each receipt this period \$ 500, \$ 500, Amount of each receipt
Other (please specify) Full name KOCK FINCKSTRIES Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 72/ / / / // / // / Aggregate year-to-date	Amount of each receipt this period \$ 500, \$ Amount of each receipt this period
Other (please specify) Full name KOCK Tricks Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 72/ / / / // / // / Aggregate year-to-date	Amount of each receipt this period \$ 500, \$
Other (please specify) Full name KOCK Industries Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Cother (please specify) Full name Mailing Address	Date (Mo., Day, Year) 72/ / / / // / // / Aggregate year-to-date	Amount of each receipt this period \$ 500, \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name KOCK Industries Mailing Address City, State, Zip Code Name of Employer (Required) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) 72/ / / / // / // / Aggregate year-to-date	Amount of each receipt this period \$ 500, \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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